

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **NCS UCC SERVICES GROUP** Phone:

CONTACT INFORMATION

Contact name: **NCS UCC SERVICES GROUP**

Street #1: **PO BOX 24101**

City: **CLEVELAND** State: **OH** ZIP: **44124** Country: **USA**

Notification Method: **E-MAIL** Email: **UCC@NCSCREDIT.COM**

DEBTOR INFORMATION

Org. Name: **WAKEFIELD MUSIC CO.**

Mailing Address1: **58 MAIN STREET**

City: **WAKEFIELD** State: **RI** ZIP: **02879** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **TAYLOR GUITARS**

Mailing Address1: **1980 GILLESPIE WAY**

City: **EL CAJON** State: **CA** ZIP: **92020** Country: **USA**

Org. Name: **TAYLOR-LISTUG, INC.**

Mailing Address1: **1980 GILLESPIE WAY**

City: **EL CAJON** State: **CA** ZIP: **92020** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: